



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2022 HEALTHY PREGNANCY IN MEDWAY

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Summary

This report provides an update on Medway’s approach to supporting healthy pregnancy. It details some of the initiatives, targets and outcomes being delivered locally and sets out some of the key undertakings in the next 12 months.

1. Budget and Policy Framework

1.1 This area of work supports a range of local and national policies and strategies:

Medway Council Plan - Priority: PEOPLE. Outcomes: Healthy & Active Communities and Resilient Families

Kent and Medway Integrated Care System Development Plan:

- Give children the best start in life
- Help the most vulnerable and disadvantaged in society

NHS Long Term Plan

A strong start in life for all children:

- Reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury
- Continuity of carer
- High-quality perinatal mental health care
- Smoke-free pregnancy pathway

The Best Start For Life: a vision for the 1,001 critical days

Developed as part of the early years healthy development review, it outlines 6 areas for action to improve the health outcomes of all babies in England.

1. Seamless support for families
2. A welcoming hub for families
3. The information families need when they need it
4. An empowered Start for Life workforce
5. Continually improving the Start for Life offer
6. Leadership for change

Ockenden Review: Immediate & Essential Actions:

- Enhanced Safety
- Listening to Women and their Families
- Staff Training and working together
- Managing complex pregnancy
- Risk Assessment throughout pregnancy
- Monitoring Foetal Wellbeing
- Informed Consent

- 1.2 Support for healthy pregnancy is funded across the health, social care and wider community systems. This may be directly and explicitly, for example through the Public Health grant, or indirectly through health and social care budgets. This creates a complex system of funding and service delivery.

2. Background

- 2.1 Following the publication of the national Maternity Review (Better Births 2016), Local Maternity Systems (LMS) were established in 2017 and were tasked with the implementation of the recommendations set out in Better Births. Local Maternity Systems are wide reaching partnerships which include providers, commissioners, local authorities and third sector partners. They also include Maternity Voices Partnerships - independent bodies representing the views and voices of women and birthing people and who have a role in the development, improvement and co-production of maternity services.
- 2.2 Since the formation of the Kent & Medway LMS (now Kent & Medway Local Maternity & Neonatal System – LMNS), work on the Better Births recommendations has been taking place systemwide in addition to agreeing the LMNS governance and leadership structures. The Kent & Medway LMNS has an operational group which oversees all transformation objectives, a quality assurance group which holds the new responsibilities under the perinatal surveillance model and oversees task and finish improvement groups and an executive board chaired by the Executive Senior Responsible Officer for the LMNS – the Kent and Medway Clinical Commissioning Group (KMCCG) Executive Chief Nurse.

- 2.3 The NHS Long Term Plan builds upon the progress started under Better Births and sets out a programme of work aimed at further improving maternity care. This work includes strong focus on the safety of maternity services, offering women more choice, ensuring specialist support is given to mothers who are at risk of premature birth and support to stop smoking.
- 2.4 Support for healthy pregnancy at local and national level focuses on the following themes:
- Continuing improvement to the quality and safety of maternity care
 - Addressing unequal outcomes for women and birthing people from black and minority ethnic (BAME) and the most deprived communities
 - Smoking Cessation
 - Mental Health support
 - Breast feeding initiation
 - Digital Transformation
- 2.5. Medway's Approach to the Ockenden Review: Immediate & Essential Actions
- 2.5.1 All trusts have an Ockenden Action Plan which responds to the immediate and essential actions. Following an initial benchmarking exercise, Medway's Ockenden Action Plan focuses on the following areas:
- Consultant presence on labour ward. Increased staffing levels to ensure access to obstetrics and gynaecology consultants on ward 8am-9pm as well as on call 24/7.
 - Strengthening the Maternal Medicine Pathway
 - Enhancement of Risk Assessment Pathways
 - Multi-disciplinary training for obstetric emergencies and foetal heart monitoring

3. The Covid-19 Pandemic

- 3.1 In response to the Covid pandemic, the Kent & Medway Local Maternity & Neonatal System (LMNS) co-ordinated its response through a regular meeting of operational leads for all the trusts. The group worked to manage consistency across the system in the implementation of national guidance and communications and to escalate any issues as required to the wider system.
- 3.2 Maternity services have continued to function throughout the pandemic. A range of measures were introduced to manage patient and staff safety, taking account of infection control and social distancing guidelines.
- 3.3 The key changes to service delivery included:
- Attendance at antenatal scans restricted to the woman / birthing person only. (I.e. Partners could not attend)

- Suspension of home births to ensure patient safety and reduce demand on the ambulance service. At the time, South East Coast Ambulance Service was experiencing challenges to capacity from the pandemic.
 - Short term suspension of partners from attending birth and suspension of ward visits
 - Suspension of overnight stays on ward for partners
- 3.4 After the first wave, normal services were resumed as soon as it was safe to do so. The resumption of overnight stays is currently under review.
- 3.5 During the pandemic, pregnant people from black, asian and minority ethnic (BAME) groups faced increased risks from Covid-19 compared with other groups. Data published in June 2020 showed that black pregnant women were eight times more likely to be admitted to hospital with COVID-19 than white women. Asian women were four times more likely to be admitted than white women.
- 3.6 A number of safety actions were implemented by maternity services to address the inequalities in the impact of Covid-19 for women and pregnant people from a black and minority ethnic (BAME) background:
- Increasing support of at-risk pregnant women – e.g. making sure clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women from a BAME background.
 - Reaching out and reassuring pregnant BAME women with tailored communications.
 - Ensuring hospitals discuss vitamins, supplements and nutrition in pregnancy with all women. Women low in vitamin D may be more vulnerable to coronavirus so women with darker skin or those who always cover their skin when outside may be at particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year.
 - Ensuring all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.
- 3.7 At Medway Hospital, following the easing of restrictions in the summer of 2020, partner attendance at scans was re-introduced, visiting was opened up to one and subsequently two designated visitors and partner attendance at births was reintroduced for one and subsequently two partners. Medway was the first Trust to reinstate home births in June 2020.
- 3.8 In October 2020 there was a Covid related death of a pregnant woman receiving care from Medway Hospital. In response to the enquiry a virtual

clinic was set up in March 2021 for pregnant women and birthing people with Covid-19. The service is staffed by pregnant midwives who, in accordance with national guidelines, have been taken out of patient facing roles from 28 weeks of gestation.

- 3.9 Women and birthing people with Covid are provided with pulse oximetry equipment (for checking oxygen saturation levels in blood), anti-coagulant medication and virtual or telephone contacts on alternate days. During these contacts, the midwife asks the person to measure and report their blood oxygen saturation level using the equipment provided. If necessary, the midwife advises the woman / birthing person to attend Emergency Department (ED) for assessment by a medic. At the height of the Omicron surge, this service was supporting 150 people at its highest point. At the time of writing, that number is down to 46. This model of care has been recognised by Healthcare Safety Investigation Branch (HSIB) as best practice.
- 3.10 A Maternity Voices Partnership (MVP) is an NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. During the pandemic, the Medway Maternity Voices Partnership was able to gain insight from local women / birthing people re Covid restrictions and consult them on how best to pitch key messages. The partnership also supported the development of standard operating procedures for managing the increased risk of poor outcomes for pregnant people from black and minority ethnic groups.
- 3.11 Medway's maternity service actively promotes the Covid vaccination programme. Midwives raise it during routine appointments and information is available in all work areas.

4. The Medway Healthy Pregnancy Offer

4.1. Maternity Services at Medway Maritime Hospital

- 4.1.1 Medway maternity service is one of the largest in the Southeast, serving the communities of Medway and Swale. In 2021 (calendar year), 4688 babies were delivered by the Medway maternity team. There has been a slight decline in the birth rate in the last 2 years.
- 4.1.2 The service offers obstetric led care in the Delivery Suite and midwife-led care in The Birth Place. The team actively supports home birth for women with uncomplicated pregnancies. Women and their partners giving birth in Medway are offered personalised support to ensure the best possible experience of pregnancy, delivery and the recovery period.
- 4.1.3 Four Community Midwifery Teams provide care for women and their families throughout pregnancy and the postnatal period:

- **All Saints Team** - Chatham, Walderslade and Lordswood
- **Castle Team** – Rochester, Strood, Wainscott, Hoo & Isle of Grain
- **Riverside Team** – St Mary's Island, Gillingham, Rainham, Upchurch, Newington, Lower Halstow
- **Swale Team** – Sittingbourne & Isle of Sheppey

4.1.4. Community Midwives provide support and information for ensuring a healthy pregnancy. They discuss and provide information about matters such as healthy eating, exercise advice, smoking cessation, mental health and wellbeing and breastfeeding.

4.1.5 Antenatal and postnatal community midwifery support is delivered through home visits and antenatal clinics held in community settings such as All Saints Children and Families Hub, the Parkwood Healthy Living Centre and the Keystone Medical Centre. Where appropriate, virtual and telephone appointments are also offered. However, face to face is considered the priority approach.

4.1.6 The community midwifery teams also deliver Active Birth and Early Days workshop group sessions. Currently these workshops are delivered virtually (via MS Teams) due to the pandemic. The aim of the sessions is to provide information to expectant families about labour and birth, infant feeding and the early days with a newborn. Midwives report increased attendance with virtual delivery compared with face-to-face delivery before the pandemic.

4.1.7 Women who experience complications in pregnancy or who have a medical condition prior to pregnancy will also be referred for an appointment with a doctor who specialises in pregnancy and birth (an obstetrician) to provide specialist input and ensure the safety and wellbeing of both mother and baby. Medway Hospital also provide level 1 commissioned foetal medicine. This service provides screening utilising ultrasonography and diagnostic procedures for women and birthing people across Kent and Medway and Essex.

4.2 Support for Vulnerable Parents: Team Connect

4.2.1 Providing women and birthing people with the same midwife throughout their pregnancy and after they have given birth (known as continuity of carer) is proven to improve outcomes for pregnant women and birthing people and their babies. Women who receive continuity of carer are 16% less likely to lose their baby and 24% less likely to experience pre-term birth.

4.2.2 Team Connect is a specialist Safeguarding Team within Medway's Maternity service. The team delivers Medway's continuity of carer pathway for women and birthing people who have complex social needs. In 2021, 90% of vulnerable women and birthing people under the care of Team Connect were

supported by the same midwife from first appointment to delivery ensuring a high level of continuity of care for those with the most complex social needs.

- 4.2.3 A range of vulnerabilities would qualify a woman or birthing person for support through Team Connect including; involvement with Children's social care; substance misuse; domestic abuse; teenage pregnancy; learning disabilities; housing issues; significant mental health issues and non-engagement.
- 4.2.4 Community midwives are also encouraged to discuss with the Team Connect member attached to their community team any women who may not clearly meet the referral criteria but who may benefit from being allocated to Team Connect for support and continuity.
- 4.2.5 The team works with partner agencies such as social services, Kent Police, mental health teams, domestic abuse services, health visiting service, drug and alcohol services and housing to deliver co-ordinated support to pregnant women and birthing people in their care throughout pregnancy, labour and after the birth. A broad and holistic plan of care is drawn up to safeguard the well-being of both mother and baby - addressing the wider needs of the mother, child and family. The multi-agency approach ensures that interventions are well co-ordinated and responsive. It also helps with a smooth transition of support once the maternity team close their involvement.
- 4.2.6 Where families are identified with substance/alcohol concerns, the team liaises closely with their specialist colleagues. The Windmill Clinic is held monthly as a virtual multi-disciplinary team meeting. Attendees include the Named Midwife for Safeguarding, Consultant Obstetrician, Specialist Mental Health Midwives, Neonatal Outreach Team, Team Connect Midwives and a representative from Turning Point and Forward Trust. This meeting allows for information sharing between professionals, updates on care, prescribing pathways and safeguarding issues.
- 4.2.7 Where families are causing concern due to lack of engagement, the midwives will use their multi agency contacts to explore whether other agencies have useful intelligence to provide insight or have a strong working relationship which may be brokered to 'open the door' to engagement. Where appropriate, these families will be discussed at the monthly safeguarding hub with partners from health visiting, social care and family solutions to agree a plan of action.
- 4.2.8 In 2021 Team Connect supported 318 women and birthing people.
- 4.2.9 Prior to Team Connect, families with Child Protection concerns often remained admitted to the ward for longer than necessary – 4 days on average. Improvements in service co-ordination and pre-birth planning has led to a reduction in the length of stay for families with babies subject to Child Protection. Where Court proceedings are not initiated, the average length of stay where babies are discharged home with their parents is 2 days. For families where court proceedings have been required, the average length of stay is currently 3 days.

- 4.2.10 Prior to implementation of Team Connect, continuity of Midwife attending Child Protection meetings was highlighted as a concern. Following commencement of Team Connect, continuity of attendance has improved significantly.
- 4.2.11 In the coming year, the Team is looking at options for group based, thematic sessions for the women and birthing people it supports. For example, a young parents group and sessions on Public Health themes.
- 4.3 Maternity Perinatal Mental Health Service
- 4.3.1 Medway NHS Foundation Trust has provided a maternal mental health pathway for over 10 years. The Trust now employs 2 specialist midwives known as Team Lotus. Team Lotus works as part of a wider multi-disciplinary team (MDT) including the Perinatal Mental Health Community Service (PMHCS), Health Visitors, Consultant Obstetrician and Specialist Midwives. The MDT meet monthly to discuss shared high risk cases and ensure a robust care plan is in place for the women and families involved. The MDT liaise with all mental health service providers including community mental health, IAPT services, local charities and community interest companies such as Rethink Mental Illness, Sahayak, Megan CIC and Making Miracles.
- 4.3.2 The Lead consultant obstetrician and specialist Midwife facilitate a weekly antenatal clinic for those women who have moderate to severe mental illness and difficulties with mental health. Team Lotus Midwives also provide 1:1 consultations and regular contact to support women and families throughout pregnancy and post birth up to 28 days.
- 4.3.3 At their booking appointment women are signposted by their community midwife to sources of support; their GP, IAPT services, HUGS group (see below) and offered a referral to the perinatal mental health pathway. Team Lotus triage all referrals jointly with the link nurse from the perinatal mental health service.
- 4.3.4 Women may also be referred at any point in pregnancy or the postnatal period (up to 28 days). Women who have experienced psychological birth trauma may also be referred or self-refer to the specialist midwife and team lotus for a birth trauma appointment which may involve debriefing/reflection, trauma resolution, referral to trauma therapy (currently provided by IAPT services or charities such as Making Miracles.)
- 4.3.5 In calendar year 2021 there was a 19.4% increase of referrals to Team Lotus compared with 2020. Anxiety and low mood were the most reported mental health difficulties, with serious mental illnesses such as Bi-Polar and Schizophrenia referral numbers remaining similar to pre-pandemic levels.
- 4.3.6 As a response to the increased referrals in the first quarter of 2021 an antenatal group for women with anxiety, low mood, isolation and stress was developed. HUGS – Helping You Grow Stronger is facilitated by the Team Lotus specialist midwives. The group meets for 1.5 hours, weekly for 4 weeks

via MS Teams. HUGS aims to improve mood, reduce anxiety and stress and help preparation for birth.

4.3.7 The HUGS group launched during maternal mental health week in May 2021 and there have been over 50 attendees; an average of 5-6 women attend each month. The group is facilitated virtually due to covid restrictions. Participants have reported that the virtual sessions are more convenient and accessible. The feedback from the HUGS group has been positive, with all women who attended reporting the sessions being beneficial in reducing their anxiety and improving mood through learning about anxiety and depression and techniques for self-help. People attending the sessions also say that a longer term support group or drop in sessions (including postnatal sessions) would be beneficial as they enjoy the group and peer support it provides.

4.3.8 Moving forward, Team Lotus plan to implement an ongoing HUGS drop in for anyone who has completed the 4 week course; this will launch in maternal mental health week May 2022.

4.3.9 THRIVE, (a new perinatal mental health service designed as part of the NHS Long Term Plan) provides a therapeutic service for women and birthing people who have experienced birth trauma and loss. East Kent became an early implementor site in 2021. The service was co designed with the local maternity voices partnership and is delivered by Kent and Medway NHS and Social Care Partnership Trust (KMPT) with support from Maternity teams. A 6 month evaluation of the implementation showed excellent clinical and patient reported outcomes. This learning will inform the next stage of implementation for Kent & Medway.

4.4 Breast feeding Initiation

4.4.1 Breast feeding has significant and long-lasting health benefits for infant and maternal health. For example, it can reduce the risk of asthma, diabetes and obesity for children as well as the risk of breast and ovarian cancers and heart disease for mothers. Breast feeding also supports the mother-baby relationship and the mental health of mother and baby.

4.4.2 The UNICEF UK Baby Friendly Initiative (BFI) enables settings to better support families with feeding and developing close and loving relationships so that all babies get the best possible start in life. Medway's maternity service currently holds UNICEF Baby Friendly Initiative level 3 status and is working towards attaining Gold (the highest level) accreditation in 2023.

4.4.3 All midwives receive training to support breast feeding and relationship building. The hospital and community teams also have Baby Friendly initiative reps who have more experience to provide additional expertise and advice for their teams. The Infant Feeding Specialist Midwife provides support for more complex cases.

- 4.4.4 Throughout pregnancy and the immediate postnatal period, midwives support breastfeeding, relationship building and close and loving relationships in line with UNICEF BFI guidance.
- 4.4.5 The Covid-19 pandemic has presented significant challenges to the model of care. To support patient safety and infection control measures, some services have been reconfigured. For example, antenatal education has been delivered online, some routine appointments have been offered as phone and virtual appointments as alternatives to face to face and specialist breast feeding clinic has moved to an appointment based system twice a week (from a weekly drop in offer).
- 4.4.6 The service has now returned to a regime of care similar to that offered before the pandemic with additional options for virtual support available as and when required.

4.5 Smoking in Pregnancy Midwife

- 4.5.1 Smoking in pregnancy significantly increases the risk of pre-term birth, stillbirth and low birth weight.
- 4.5.2 The smoking at time of delivery rate in Medway (2020-2021) is 13.4%. This is higher than the England average of 9.6% but the rate is reducing:

Year	Smoking at Time of Delivery %	
	Medway	England
17/18	17.4%	10.8%
18/19	15.9%	10.6%
19/20	15.2%	10.4%
20/21	13.4%	9.6%

- 4.5.3 Medway's Maternity Service has a Smoking in Pregnancy Midwife who works closely with Medway Council's Smoking in Pregnancy Team and the community midwives at Medway Foundation Trust to ensure that pregnant women and birthing people are able to access support in quitting smoking.
- 4.5.4 Carbon Monoxide monitoring is routinely carried out at the first face to face midwife appointment then at 18 weeks and 36 weeks to assess exposure to tobacco smoke and encourage open and honest conversation between the midwife and woman / birthing person. Anyone reaching the threshold of 4 parts per million is subsequently monitored at all future appointments. Smokers are referred to their local authority smoking cessation service for specialist support in quitting smoking.
- 4.5.5 The national direction of travel is to create more capacity within Maternity Teams to deliver smoking cessation interventions 'in house'. This is with the

intention of increasing uptake of and engagement in smoking cessation services.

5. Medway Council Public Health

5.1 Smoking in Pregnancy

5.1.1 Medway Council's Smoking in Pregnancy Team offer a range of support for pregnant people, partners and significant others attempting to quit smoking. Face to face, telephone, text and digital support is available to maximise accessibility.

5.1.2 Despite pressures of the COVID-19 pandemic, the service obtained the following outcomes:

- 587 referrals in 2020/21 (14% increase when compared to 2019/20)
- 242 quit attempts started (21% increase when compared to 2019/20)
- 80 pregnant people quit with the service (167% increase compared to 2019/20)

5.2 Optimal Weight in Pregnancy

5.2.1 Being overweight or obese during pregnancy can increase the risk of miscarriage, pre-term birth, gestational diabetes, high blood pressure and pre-eclampsia. In 2018/19 in Medway, 26.9% of pregnant people were obese at booking – the highest prevalence in the South East region.

5.2.2 Bump Club Medway is a twelve-session, six-week online intervention started in March 2021. The intervention provides practical advice to encourage pregnant people and their families to improve their nutrition, become more physically active and support them to manage their weight effectively. Bump Club takes a holistic approach – seeking to engage the whole family and address a range of health and wellbeing issues including smoking, substance misuse and alcohol. The outcomes to date include:

- 59 families have benefited from the intervention since its introduction
- 49 lifestyles changes have been achieved by participants (e.g. increasing daily fruit and vegetable intake, reducing frequency of eating fried or fatty foods, reducing intake of sugary drinks, increasing daily activity)
- 93% of pregnant people said, that after completing the programme, they felt more confident in setting goals for themselves and maintaining healthy lifestyle change
- The groups have created and are maintaining new social connections
- Participants report an enhanced knowledge of how to support good health during pregnancy

5.3 Foetal Alcohol Spectrum Disorder

5.3.1 Foetal Alcohol Spectrum Disorder (FASD) is an umbrella term for a set of disorders caused by the consumption of alcohol by a mother whilst pregnant. These conditions range in diversity from the full presentation of foetal alcohol syndrome, involving a characteristic set of facial features combined with growth and cognitive deficits, to a range of conditions affecting behaviour. There is no particular treatment for FASD, and the damage to the child's brain and organs cannot be reversed. However, research shows that early intervention can improve a child's development.

5.3.2 Recent research has determined that the UK rates are broadly consistent with the upper limits of some European studies, which recorded FASD prevalence estimates in the region of 1% to 5%. This is in line with the Scottish Intercollegiate Guidelines Network, which estimates that 3.2% of babies born in the UK are affected by FASD. This is three to four times the prevalence rate of Autism in the UK. The rate of FASD can be significantly higher within certain sections of the population, for example those experiencing high degrees of social deprivation and poverty.

5.3.3 The National Institute for Health and Care Excellence (NICE) will be producing a set of Quality Standards relating to FASD. In advance of these standards being published work has begun across Kent and Medway to improve FASD pathways.

5.3.4 The following work is underway to address the prevention, identification and treatment of FASD:

- Training in diagnosing has been provided to Community Paediatricians with representation from all health providers across Kent and Medway. A hub and spoke model is being established with specialist support being commissioned from the only UK FASD specialist team in Surrey and Borders Partnership NHS Foundation Trust
- A training plan is being drafted to support other parts of the workforce, with plans to deliver bespoke training packages across maternity services and more widely through social care and education – this will include tools to support the measurement of alcohol consumption during pregnancy to support diagnosis

5.3.5 There is a plan being drafted to outline a prevention programme of work, targeting universal, targeted and specialist provisions in raising the profile and understanding of FASD.

5.4 Health Visiting

5.4.1 The commissioned Health Visiting Service in Medway is delivered by Medway Community Healthcare (MCH).

5.4.2 Health visitors offer mandatory universal contacts at defined stages to assess the child's development and advice on child health. One of these contacts is an antenatal (pre-birth) visit.

5.4.3 The visit is designed to give families the opportunity to discuss any concerns or needs that they may have about their baby and beginning parenthood.

5.4.4 This visit includes advice on:

- Breast Feeding
- Immunisations
- Behaviour Management
- Mental Health
- Healthy Diet and Lifestyle
- Child Development and Assessment
- Parenting
- Signposting to other sources of support. E.g. Healthy Start, Household Support Fund

5.4.5 Expectant parents with vulnerabilities are flagged up to the Health Visiting Service by the Maternity Team. Antenatal visits for vulnerable parents are carried out face to face – this was maintained during the height of the pandemic. Appointments are offered at weekends (as well as Monday to Friday) to maximise accessibility and make it easier for both parents to attend.

5.4.6 MCH Health Visitors deliver 'Hello Baby' sessions for pregnant parents wanting to know more about how to support the development of a happy baby, maximising brain development and normal baby feeding behaviour. Hello Baby is delivered face to face either 1:1 or in very small groups of 2-3 in Medway's Children and Family Hubs. Once they have attended, parents receive an information pack via email with all the content shared during the session plus links and contact numbers.

6. Medway Family Solutions

6.1 A wide range of support is offered antenatally and postnatally to families via Medway's Children and Family Hubs and Well Being Centres. The services form part of the local universal offer for women, birthing people and their partners.

6.2 Midwives offer various interventions at Family Solutions sites including:

- Antenatal clinics
- 1:1 appointments
- Postnatal discharge appointments
- Breastfeeding Support

- 6.3 Once baby arrives Parents/Carers and their babies will be invited to attend various activities and can access a range of multi- agency support at both a universal and targeted level.
- 6.4 This support includes clinics and development reviews run by Health Visitors at the Children and Family hubs as well as postnatal groups and introducing solid food sessions delivered virtually.
- 6.5 Family Solutions has a targeted group offer which provides a holistic approach in addressing the needs of the baby pre and post birth alongside the opportunity to meet other mums. Various groups are available for parents to access which include Baby Groups, Stay and Plays and Incredible Years Babies (a parenting group). Family Solutions staff at the Hubs and Centres can also support women to prepare for the baby's arrival and ensure support is in place once baby is born. For example, by providing food bank vouchers, providing nappies and baby clothes from resources and other needs led support for local women.
- 6.6 Family Solutions can become involved when pregnant women are identified as needing additional support at any point during pregnancy and beyond. Early Help workers can support prospective mothers, alongside health partners, with a wide range of interventions, and support them to ensure they are prepared and are meeting both theirs and their baby's needs. The team also links closely with other agencies to signpost and support women and their partners with a range of issues such as domestic abuse, substance misuse, housing and budgeting as well as helping with resources and equipment for the baby.

7. Online Support Offer

7.1 Bump Birth & Beyond Website

- 7.1.1 A survey of pregnant women & birthing people in Kent and Medway in the summer of 2020 found that 53% of respondents found it difficult to find out what care is offered locally during pregnancy.
- 7.1.2 The Bump Birth and Beyond website was launched by Kent & Medway Clinical Commissioning Group in March 2021. It was created with the intention of having a single point of access that would hold local information about Maternity services supporting women, birthing people and their families to make informed choices about their local maternity options.
- 7.1.3 The website is aimed at women, birthing people, partners and Dads who are expecting or planning a pregnancy. It provides information for the entire pregnancy journey and signposts to services such as smoking cessation services in Kent and Medway, Beside You Breastfeeding Support, Mental Health support, Dadpad (app based information and guidance for new fathers) and ICON (website offering support and advice for parents and carers in coping with infant crying). It also provides information and links for each of

the trusts delivering maternity services across Kent & Medway as well as local Health Visiting services.

- 7.1.4 Kent and Medway Clinical Commissioning Group use it as the landing page for campaigns such as the Covid vaccination campaign, #readyforparenthood and its predecessor #readyforpregnancy- a social media information campaign that shares messages relating to maintaining a health pregnancy, such as, stopping smoking, healthy eating, physical activity and vaccinations.

8. Information for prospective parents at the pre-conception stage

- 8.1 The Healthy Pregnancy paper presented to this Committee in October 2019 discussed the importance of education and providing information on how to maintain a healthy pregnancy for those considering parenthood at the pre-conception stage. In response to this, Medway Council has engaged with system partners including Kent and Medway Clinical Commissioning Group to ensure that Bump Birth & Beyond adequately reflects key health messages in relation to pregnancy. Medway Council has also supported the national campaigns #readyforpregnancy and #readyforparenthood. The campaigns reached over 34 thousand Medway residents.

9. Perinatal Equity

- 9.1 MBRRACE-UK (Mothers and Babies: Reducing risk through audits and confidential enquiries across the UK) produce annual reports about outcomes for mothers, birthing people and babies. The key national headlines related to inequity during the period 2019-2021 include:

- Black women have a 4 times higher risk of dying in pregnancy than white women and for Asian and mixed ethnicity women the risk of dying is 2 times higher than white women.
- Women living in the most deprived areas are twice as likely to die than those who live in the most affluent areas.
- Stillbirth and neonatal mortality rates increase with deprivation and are higher for mothers under 25 years and over 35 years across all ethnic groups.

- 9.2 NHS England now require Local Maternity & Neonatal Systems (LMNS) to have an increased focus on addressing inequalities in order to achieve equity of outcomes. LMNS's are also required to carry out an audit and co-produce action plans with communities and partner agencies to address inequalities.

- 9.3 Kent and Medway's Local Maternity & Neonatal System (LMNS) carried out a perinatal equity audit in the autumn of 2021, which found:

- Non-white ethnic groups, those from more deprived communities and those aged under 20 are more likely to experience birth pre 27 weeks.

- Pregnant women & birthing people from the most deprived communities and / or black, Asian, mixed or other ethnic groups are more likely to present with complex social factors (e.g., social care involvement, mental health issues, experiencing domestic abuse)
- Black, Asian, mixed or other ethnic groups are more likely to access antenatal care later than other groups.
- The proportion of caesarean sections in Kent and Medway between 2017/18 -2019/20 have been statistically higher than the England average and requires further exploration.

9.4 A co-produced action plan is in development by the LMNS to address the findings of the audit, this will be integrated with the Integrated Care System Equity Strategy.

10. Digital Transformation

10.1 The LMNS has received NHS funding to prepare for joint re-procurement of maternity information systems across Kent and Medway. This will improve service user access to their maternity digital records and assist in personalised care planning. It will also provide consistent measurement of maternity outcomes across the LMNS to support quality improvement.

11. Conclusions and Next Steps

11.1 This paper provides an overview of work that goes on to support families in Medway to have the healthiest possible pregnancy. It also outlines some of the planned activity for the coming year locally and across the LMNS.

11.2 The key LMNS deliverables for 2022/23 are:

- to continue to work towards delivering a range of transformation objectives to make maternity and neonatal care safer, more personalised and more equitable, including continuity of carer, personalised care and support plans and implementation of equity and equality action plans
- oversee provider implementation of the recommendations of the Ockenden report and the upcoming East Kent Kirkup review
- Support full restoration of any elements of service delivery that were impacted by the pandemic
- Continue to embed the perinatal quality surveillance model to ensure that the ICS has oversight of safety and quality in maternity services

12. Risk Management

Risk	Description	Action to avoid or mitigate risk
Recruitment / retention / of midwives	<p>Medway's maternity Team are funded for a ratio of midwives to pregnant women & birthing people of 1:25. However, the current staffing ratio is 1:32.</p> <p>Challenges include proximity to London and opportunities to earn more from London Weighting, staff retirement & burnout as a result of working through the Covid-19 pandemic</p>	<p>In Medway there is a rolling recruitment of midwives. Further initiatives include; Overseas recruitment (first cohort due in summer 2022) and Nurse conversion degrees. Other proposals under development for the coming year include Learning Passport, advertising / recruitment campaign, open days and university engagement (e.g. careers fares)</p> <p>Midwife recruitment is a priority issue for the LMNS. The system workforce lead will be linking into wider Integrated Care Board workforce planning to ensure maternity is fully represented in wider workforce planning.</p>
Lack of understanding of impacts of lifestyle on pregnancy	There are still common misconceptions and myths about what different lifestyle choices have on getting pregnant and having a healthy pregnancy.	Continue to promote key health messages and campaigns using online media.

13. Financial Implications

- 13.1 There are no financial implications for Medway Council arising directly from the contents of this report.

14. Legal Implications

- 14.1 There are no legal implications to Medway Council arising directly from the contents of this report.

15. Recommendation

- 15.1 It is recommended that the Committee notes the offer families have to support them to have a healthy pregnancy and to ask any questions.

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Appendices:

None

Background papers:

None